

FACSIMILE: (303) 740-6962

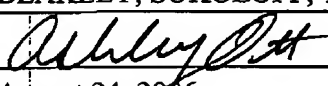
PAGE 1/15 * RCVD AT 8/24/2006 1:35:31 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/20 * DNIS:2738300 * CSID:303 740 6962 * DURATION (mm-ss):05-44

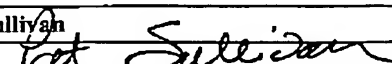
AUG 24 2006

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/666,343
		Filing Date	September 19, 2003
		First Named Inventor	Sailesh Kottapalli
		Art Unit	2183
		Examiner Name	Aimee J. Li
Total Number of Pages in This Submission	15	Attorney Docket Number	42P17404

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Facsimile Transmittal Sheet </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 24, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	August 24, 2006
Signature		Date	August 24, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 11/30/2005.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	10/666,343
Filing Date	September 19, 2003
First Named Inventor	Sailesh Kottapalli
Examiner Name	Aimee J. Li
Art Unit	2183
Attorney Docket No.	42P17404

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
29	29	0	\$0.00
Independent Claims	4	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 380	2203 180	Multiple Dependent claim, if not paid
1204 790	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$)

*for number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	80	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,180	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

SUBTOTAL (2) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature	<i>Ashley Ott</i>	Date	08/24/06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	10/666,343
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 19, 2003
		First Named Inventor	Sailesh Kottapalli
		Examiner Name	Aimee J. Li
		Art Unit	2183
TOTAL AMOUNT OF PAYMENT		(\$)	0.00
		Attorney Docket No.	42P17404

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

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Multiple Dependent			

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1203 360	2203 180	Multiple Dependent claim, if not paid
1204 790	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$)

**or number previously paid, if greater. For Reissues, see below

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1255 2,160	2255 1,080	Extension for reply within fifth month
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1807 50	1807 50	Processing fee under 37 CFR 1.17(q)
1808 180	1808 180	Submission of Information Disclosure Stmt
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

SUBTOTAL (2) (\$)

Fee Paid

(\$)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515
Signature	<i>Ashley R. Ott</i>	Telephone	(303) 740-1980
		Date	08/24/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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AUG 24 2006

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Our Docket No: 42P17404

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kottapalli

Application No: 10/666,343

Filed: 09/19/2003

For: Method and Apparatus for
Handling Predicated Instructions
In an Out-of-Order Processor

Examiner: Li, Aimee J.

Art Unit: 2183

AMENDMENTCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 24, 2006, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Postal Service at (571) 273-8300 on the date indicated below:

August 24, 2006

Date of Transmission

Pat Sullivan

Name of Person Transmitting Correspondence

Signature

08/24/2006

Date